

COLORADO MESA UNIVERSITY
Department of Health Sciences
RN-BSN Program Application

Please Note: This application form MUST be submitted via **PDF** format **ONLY** to m-bsn@coloradomesa.edu by no later than the following dates below:

Program Start Date	Application must be completed and submitted by NOON
January 22, 2024	December 4, 2023
March 25, 2024	February 26, 2024
May 28, 2024	April 30, 2024
August 19, 2024	July 15, 2024
October 14, 2024	September 16, 2024

If you are NOT a current CMU student, BEFORE submitting this application form to Health Sciences, you will need to apply to CMU using the general application here: <https://www.coloradomesa.edu/admissions/apply.html>, and be accepted as a CMU student. Choose the **RN-BSN pre-Nursing major** when submitting that application. Allow yourself an additional 4 weeks' time for that application to be processed.

Once you have completed that process and been accepted to CMU, then complete and submit this form via your CMU email to m-bsn@coloradomesa.edu. *Applications must be emailed via your CMU email only. Anything sent via a non-CMU email will not be processed.*

Please review the deadlines carefully and plan accordingly. Your program start date will be determined by the date you have submitted all your applications and documents.

See this link for tuition/billing dates: <https://www.coloradomesa.edu/student-accounts/billing.html>.

Full legal name: _____
Last First Middle Initial Maiden Name

CMU ID No. _____ CMU email (required): _____@mavs.coloradomesa.edu
(This is the email address that will be used to contact you for anything regarding your application)

Mailing address: _____
City State Zip

Phone number with area code: () _____ Cell: () _____

Are you a current Colorado Mesa University student? Yes No

Have you applied to the CMU RN-BSN program before? Yes No If yes, which semester: _____

Have you ever taken classes from CMU as an RN-BSN student? Yes No If yes, last semester attended: _____

Are you a transfer student from another RN-BSN program? Yes No

RN Licensure: License # _____ Expiration Date _____ RN Licensure State _____

If you have not yet received your license, please check this box

If you do not yet have an RN license, when is the date you plan to take your NCLEX?

AAS or ADN Nursing school attended:

Name of School Complete Address City, State Zip

Date Graduated _____

To be eligible, your RN license MUST be active and unencumbered and remain so for the entire duration of the program.

Is your nursing license currently under suspension, revocation, probationary status, or subject to disciplinary proceeding or inquiry? Yes No

If yes, please explain:

Have you completed the following Essential Learning and Prerequisite Courses?

Class	Yes	No	In Progress	Completion Semester
Human Anatomy and Physiology I				
Human Anatomy and Physiology I Lab				
Human Anatomy and Physiology II				
Human Anatomy and Physiology II Lab				
Pathophysiology				
Human Growth and Development				
Successfully completed up to 38 nursing credits				
GPA- minimum 2.5 on a 4.0 scale				

Partner Healthcare Facility Discount

CMU partners with various healthcare facilities to offer our top-quality RN-BSN at a \$1,000 discount. If you are employed by one of our partner healthcare facilities, a tuition discount is available. To find out if your employer is a participant, please email rn-bsn@coloradomesa.edu.

Name and address of current employer:

To apply for the discount, please include a screenshot of your employee badge (PDF format) as part of your application.

The admissions committee reserves the right to select the applicants who shall be admitted. Acceptance is contingent upon receipt of all required application materials by email by the Department of Health Sciences and the completion of all essential learning and prerequisite requirements. Maintaining acceptance in the RN-BSN program is contingent upon passing a background check and drug screen.

This application must be received by the Department of Health Sciences **no later than the posted application deadline** for admission consideration to the RN-BSN Nurse Program, for that start date. If the application documents are received by us after the posted deadline, the application will be considered for the next posted start date.

I certify that all the information on this application form is accurate and complete. Concealment of facts or false statements may result in dismissal from the program. Further, I am granting permission for the Department of Health Sciences to access my Colorado Mesa University records; including, but not limited to, transcripts and transcript evaluations from the Office of the Registrar.

Applicant Signature (electronic submission via CMU e-mail address indicates personal signature)

Date